### **BOOK REVIEW**

### CONTEMPLATING AGING IN A MEDICAL, SOCIAL CONTEXT

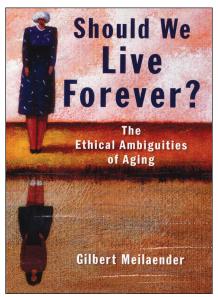
REVIEWED BY M.C. SULLIVAN, RN, M.T.S, J.D.

urs is an aging society where each succeeding census reveals dramatic shifts upward in the number of people middle-aged and older. The preoccupation with aging is demonstrated in myriad ways, some philosophical, many others narcissistic and self-indulgent. Regardless of the reasons for thinking about aging, it is a topic that interests and, in some cases, concerns people of all ages. There are many ways to think about aging, and Gilbert Meilaender has a particularly cogent way of examining the topic.

In this concise and focused presentation, Meilaender delivers a thoughtful and thought-provoking treatise. He scrutinizes and analyzes some of the questions that we struggle with as we contemplate aging in a medical and societal context in which disease eradication interventions that extend life and anti-aging discoveries that extend life are at once celebrated and expected. He examines the age retardation initiatives that exist, both in their aim and in the contextual attitudes from which they come.

As a Christian ethicist, Meilaender tests the conceptual underpinnings of these attitudes, searching for normative loyalties that may drive them, while acknowledging, as he does from the outset in his introduction, that it is very difficult to ignore religious beliefs about life and immortality as we contemplate aging. As he says in his introduction, "That we often desire, even greedily desire, longer life is clear; whether what we desire is truly desirable is harder to say."

The author lays out in a very readable way, and in a very short book of little more than 100 pages, an exposi-



SHOULD WE LIVE FOREVER?
THE ETHICAL AMBIGUITIES OF AGING

BY GILBERT MEILAENDER

Wm. B. Eerdmans Publishing Co., 2013 135 pages, \$18 (paperback)

tion in two parts.

The first half of the book examines the whole concept of living longer. Should we live longer? What would that mean? How could it be achieved? What means should be employed to that end, and how far should we go in their employment?

These questions inevitably lead to a consideration of how these means may affect current concepts of personhood. For example, looking at brain function as we currently understand it, and how that defines us, leads to a consideration of how the manipulation of that function by means used to extend life—call them enhancements or something else—may alter our understanding of personhood. The ripple effects of those alterations have implications for relationships, at every level. Thus, wouldn't some of those implications impact notions of the moral life?

Further, how do our experiential perceptions change in an indefinitely extended life? Experiences, for example, of boredom or of enjoyment, as individuals or in relationships, are all affected.

In the latter half of his book, the author examines the concept of indefinitely extending life through the filter of particular virtues. As he says at the outset of his book, the goal ought not to be merely a longer life, but rather a life well lived.

The first virtue that he specifies is *generativity*, a term used in homage to Erik Erikson and his life cycle

#### FROM SHOULD WE LIVE FOREVER? THE ETHICAL AMBIGUITIES OF AGING

And, of course, for anyone who loves, for as long as he loves, it may continue to make sense to say, "More time — oh, but a little more." We should, therefore, be able to understand the thirst that drives research aimed at retarding or, even, overcoming the aging process. If aging is, in one sense, built into our nature, the desire to live more (and more) is, in another sense, equally natural for people formed by the virtue of love.

98 JULY - AUGUST 2013 www.chausa.org HEALTH PROGRESS

#### THE CATHOLIC HEALTH ASSOCIATION

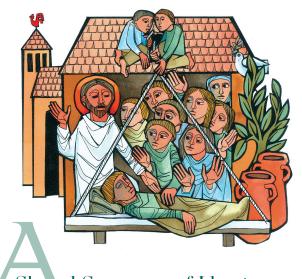
studies, noting that death often occurs after the production of the next generation, or after the ability to produce it has ceased. The creation of and care for the next generation is what keeps us from being completely narcissistic. Does it, in fact, cause a moral dilemma? Is there an inherent conflict between seeking and developing age retardation possibilities and care for the next generation?

Meilaender then looks at life extension through the lens of the virtue of patience. After observing that lived human life occurs in a specific place and a specific time, and that human life is lived in communities of other similarly located companions, all of whom accomplish desired goals or outcomes one step at a time, he maintains that life requires patience in reaching those goals. He wonders and spends significant time responding to the inquiry about what that means if the goal is indefinitely extended life.

Finally, the author discusses the complete life, referring to various images: life as a journey, the phases of life as marked by role or function such as childhood or career, more metaphysical considerations such as active or contemplative, and vocational status. It is in this discussion that Meilaender explicitly addresses the more theological aspects of the questions that he has raised.

Gilbert Meilaender has written a book that is completely engaging and is substantial in its scope and depth.

**M.C. SULLIVAN** is a nurse-bioethicistattorney who is director of ethics at Covenant Health Systems, Tewksbury, Mass.



## Shared Statement of Identity For the Catholic Health Ministry

e are the people of Catholic health care, a ministry of the church continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds— our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

As the church's ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

© The Catholic Health Association of the United States

HEALTH PROGRESS www.chausa.org JULY - AUGUST 2013 99

# HEALTH PROGRESS

Reprinted from *Health Progress*, July-August 2013 Copyright © 2013 by The Catholic Health Association of the United States